THE DIVISION OF HEALTH OF MISSOURI Health, STANDARD CERTIFICATE OF DEATH FILED NOV 14 1957 & Welfare STATE FILE NUMBER Primary Registration District No. 5303 Public Registrar's No. Registration District No. 1 Service 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH **b.** COUNTY a. COUNTY S. 300 Cole Missouri Cole 1-57 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Inside Limits Inside Limits Yes 🔲 No 💂 τὄŵη Jefferson Citv Y99s No □yr TOWN Jefferson Twnshp Length of stay in 1b d. STREET (If outside, give location) Reside on Farm c. FULL NAME OF (If NOT in hospital, give location) ADDRESSR.R.#1 HOSPITAL OR Yenge No 🗌 R.#1.Jeff City .Mo 80vrs INSTITUTION R Day 3. NAME OF DECEASED Middle Last Month First 4. DATE Year OF (Type or print) · DEATH 8 1957 Nov Gibler John 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In yours IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED Months Days Dec-6-1871 White WIDOWED . Male DIVORCED No symptoms will be listed 11. BIRTHPLACE (City and state or country) 212. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done INDUSTRY during most of working life, even if retired) Cass County . Mo U.S.A Farming Farmer 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Stella Dolf Gibler Solomon Gibler Baker Catherine 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? POSSIBL (Yes, no, ar unknown) (If yes, give war or dates of service) Mrs. John Gibler. Jefferson City. Mo 18. CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH щ Bucas TYPEWRITE IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) ctor, coroner, etc. must use only standard nomenclature which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORMED? N 500 YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. ACCIDENT SUICIDE HOMICIDE 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT __ NOT WHILE __ farm, factory, street, office bldg., etc.) WORK 2. 957 and last saw her alive on How 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22c. DAJE SIGNED 22b. ADDRESS 22a. SIGNATURE (Degree or title) 23d. LOCATION (City, town, or county) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. REMOVAL (Specify) Riverview Cemeterv Jefferson Uitv Burial 25. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR 26. REGISTRARIS SIGNATU Mo 12 Nov. 1957 Jefferson Gordon.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalmed
by me, or by	Student Embalmer No.
working under my personal supervision.	

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.